

FEB 8 1974

To Whom It May Concern:

I, _____ of _____,
being ~~the next of kin of~~ ^{a blood relative (name)} _____, do
hereby authorize the disinterment and examination of the remains
of my late father's 1st cousin _____, under
(relationship) (name)
the direction of the Center for Human Radiobiology, Argonne National
Laboratory, 9700 South Cass Avenue, Argonne, Illinois 60439, or
its scientific successors, such disinterment and examination to be
for the purposes of advancing medical and scientific research and
education. I authorize the transportation of said remains to the
Center for Human Radiobiology for the purpose of carrying out such
examination and to retain such bone specimens as the scientific
personnel may deem fit. The grave site will be restored to its
original condition. All the above procedures will be accomplished
at no cost to me.

Executed as a sealed instrument on January 27, 1974
(date)

Witness

Signature

0004031

RECEIVED

FEB 12 '74

CHR RECORDS